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Devoted to the interests and advancement of those engaged in school health activities and the service rendered by them

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"Look! I can walk again"

Join the
MARCH
OF
DIMES

JANUARY 14-31

FIGHT
INFANTILE
PARALYSIS

THE NATIONAL FOUNDATION FOR INFANTILE PARALYSIS

FRANKLIN D. ROOSEVELT, FOUNDER

THE JOURNAL OF SCHOOL HEALTH

Devoted to the interests and advancement of school health service and instruction. Your participation by membership is solicited.

Vol. XIX JANUARY, 1949 No. 1

THE WILLIAM A. HOWE AWARD*

SALLY LUCAS JEAN

Thirty years ago the schools of America had become so disillusioned in the attempt to promote health by means of factual health instruction that the very term "hygiene" was in disrepute. There appeared at that time a new movement sponsored by the New York Academy of Medicine. The object of this movement was to provide those learning experiences for pupils which would lead to healthful living. It was proposed that the hygiene class be turned into a center for health habit training. What is even more important, the movement called the attention of parents as well as school personnel, toward the need for more hygienic living.

The new movement was "health education". The new agency created for its promotion was the Child Health Organization. The person who gave the new movement its name and directed the new agency was a school nurse, trained in education, who came to New York from Baltimore where her fresh and fertile work in school health had already won national recognition.

That young lady we have with us tonight, and just as young as she was then. Youth is that period of life which has its eyes fixed upon the future, which looks ahead eagerly, constructively, creatively. By that definition this lady is, so far as I know, the youngest person in this room.

In the thirty years since the founding of the Child Health Organization, she has made many distinguished contributions to the health of children throughout the world. She has been Director of the Child Health Organization, Director of the Health Education Division of the American Child Health Association, Secretary of the Health Section of the World Federation of Education Association. She has served in official positions and in committee activities in the many professional organizations concerned with public health and school health, and as a consultant to the U. S. Office of Education, the Government of the Philippines, the Virgin Islands, Panama, Belgium, China, Japan, and also many non-governmental groups including the Metropolitan Life Insurance Company, Cleanliness Institute, the National Dairy Council, and many other groups. More pieces of printed material in health education have

*Clair E. Turner presenting Sally Lucas Jean.

been produced and distributed under her direction than under the aegis of any other one person, anywhere, at any time in the world's history. She is now directing the health education activities of the National Foundation for Infantile Paralysis. All of these services have been given with a spirit of generosity and selfless consideration for others. Her loyalty to her friends, her profession and the welfare of children everywhere, could be a model for any profession in any age. She has made people conscious of health as a quality of life.

It is my privilege and honor in behalf of the American School Health Association to present the William A. Howe Award for distinguished service to the health of school children to this lady, whose rich friendship so many of us have enjoyed and in whose debt we happily find ourselves, along with millions of other persons in America and in the other countries of the world. At the same time I shall present this portfolio of personal letters written by over two hundred distinguished friends in this and many other countries to mark this occasion. This award I should like to make with the following citation:

Sally Lucas Jean, R.N., M.A., distinguished pioneer and leader in the modern health education movement, organizer of the first national health education conferences, gifted to a rare degree in her capacity for creative thinking and for health education planning on the national and international level, distinguished for her many contributions to the health of the world's children, her assured vision, her balanced opinion, her statesmanship, and her dynamic leadership, beloved for her sincerity, integrity, loyalty, courage, wise counsel, unselfish devotion to the right and the public welfare, her unfailing friendship, and especially for those spiritual qualities of Christian womanhood which are above even the highest professional attainment.

Remarks of Sally Lucas Jean in accepting the William A. Howe Award:

One of the first physicians in the field of school health to realize the possibilities of health education as a vital factor in individual and racial progress and to support such a program in every way, was the man in whose name this award is offered—William A. Howe.

This honor is gratefully accepted because of the American School Health Association's recognition that "education in health, health in education" are basic in the school health program.

THE PAST AS A SPRINGBOARD TO THE FUTURE*

By SALLY LUCAS JEAN

The past thirty years have been most exciting and I am indeed grateful to have had a share in the great movement that has occurred in that period toward better health for all people.

It is equally exciting to consider the advances that will come in the next thirty years!

To enable us to use these past years as *a springboard into the future,* it is worthwhile to review some of the steps that have been taken toward education in health.

Bacteriological discoveries of the preceding half century had profoundly influenced leaders who had supported public health. These programs, however, did not involve the individual effort of all people. Then too, present means of communications and popularizing of scientific knowledge did not exist.

FORMATIVE PLANS: In 1917 a group of physicians of the New York Academy of medicine, realizing that the people were not benefitting fully from the health knowledge and services available to them, took stock—reviewed the situation—and decided that if the conditions they found were to be remedied, the teachers in schools were the logical source of instruction.

These physicians, under the leadership of the late L. Emmett Holt, joined forces with educators and public spirited citizens, who had also awakened to the need for a vitalized program of health for school children. Thus, in the winter of 1918, the CHILD HEALTH ORGANIZATION came into being. The purpose, as announced, was—

To teach health habits to children.

To secure adequate health examinations and health records for all children in the schools of the country.

To consider the urgent problem of malnutrition among school children.

To safeguard the health of children in industry.

To co-operate with other bodies in securing an enlightened public opinion and legislation in these matters.

The roster read like a "Who's Who in America"—all members having distinguished themselves in one or more of the fields involved. This Board of Directors were not just names on the stationery but men and women who attended meetings and decided policies with the same interest they gave their family problems.

*Response on receiving the William A. Howe Honor Award, American School Health Association, Boston, Mass., Nov. 10, 1948.

Dr. Holt, as president, gave continuous consideration to details, guiding the Director daily through conferences or letters.

"To teach health habits to children"—how simple that statement sounds!

Those responsible for the organization realized, however, that they had set themselves a profound task, but the pediatricians, psychologists and educators put their heads together and came up with reasoning that can be briefed as follows:

(1) Interest is a major factor in the learning process—that the school child's living habits could be influenced through an appeal to his natural interests.

(2) The positive approach is more likely to influence behavior —At that time no health texts used the positive approach and there was practically no effort made to relate teaching of hygiene to personal practices except in regard to the evils of alcohol and smoking.

Children had been taught

about *bones* in their bodies and teeth in their heads,

that if a pinch of *nicotine* is put on the tongue of a dog, it will die,

if a *bone* is soaked in acetic acid, it can be tied in a knot,

alcohol will burn,

the *painting* of a *boy's* body with gold leaf caused his death,

when people were closed in a small space *without air*, they died—illustrated by The Black Hole of Calcutta.

These eminent authorities knew all this, and what is more, remembered these illustrations as having been taught them in school. All school textbooks contained many other forgotten facts, but these were remembered. Why? These were *interesting* items! They had been dramatized!

The question then was, how can teachers, who have not been trained in health, become teachers of health? Was it necessary to wait until a corps of teachers had been properly prepared to teach health? Obviously that would be the logical procedure but the situation was too critical to permit delay. The answer was—prepare to train teachers in health in every teacher training institution in the land but in the interval stimulate and aid teachers to teach personal health and develop methods suitable for the child's age level.

A carefully selected, distinctly limited, list of personal health

habits essential for the health of all children, was issued and every medium known used to popularize these simple health practices. Some of you know and all of you have heard about "The Rules of the Game," as they were called, and the amazing way the ideas advanced caught the fancy of the teachers, as well as the Public.

Of course, there was criticism of the new methods from conservative educators and physicians, but the unquestioned standing of those responsible for the program, as well as the enthusiasm aroused on the part of children and parents, soon convinced the most skeptical that teachers could be teachers of health, and that it was worthwhile to make health practices interesting to children.

Teachers welcomed the aid offered them to become teachers of health. They recognized that all was not well with the children in their classes, and responded heartily to the suggestion that they consider their classrooms as laboratories for health teaching. They were glad to share with the national group the methods they found helpful in effecting the living habits of their pupils. Reports were received from far and near, many of which contained valuable experiences.

The methods that were practicable were edited and distributed at cost as rapidly as they could be put through the press. Many of the most effective plans that have developed for influencing the health behavior of children were worked out by creative teachers, who were encouraged as teachers to find a way to interest children in the practice of health habits to build stronger bodies. Many of these methods found their way into textbooks that are being used today. Teachers who had never before seen their names in print, had, for the first time, the satisfaction of professional recognition. Others were thus encouraged to send in their efforts, and so the movement spread.

After a few items had been published it was possible to interest the then U. S. Bureau of Education—now the U. S. Office of Education—in the production of the same pamphlets, and in the issuance of additional ones. They became "best sellers"—breaking all records of the sale of publications in the office of the Superintendent of Documents—four million copies of one item alone, being recorded in one year!

This demand for printed material on health was significant in that it indicated first, the teachers were concerned about the health of their pupils. Second, they were eager to use their imagination and creative ability when encouraged to do so but at the same time recognized that they needed *more* information about health.

Thousands of letters of inquiry poured into the Bureau of Education in Washington, as well as the C.H.O. headquarters in New York. These questions seem primitive in the light of present knowledge, on the part of teachers:

"Why is milk good for people and especially children?"
"Do children need more sleep than adults?"
"How many hours of sleep do children of different ages need?"
"Why are vegetables and fruit especially needed for growth?"
"Why does the list of essentials not include meat?"
etc., etc.

The latter question was due to the omission of all reference to meat, or to starchy foods in "The Rules of the Game." The answer was simple. Studies by the nutritionists and pediatricians of the country had found that we were a "meat and potato eating people." No encouragement was needed to insure sufficient of these foods being consumed, while fruit and green vegetables had only an incidental place in the diet!

This concentration upon specific weaknesses in a health regime or in connection with a public health program is significant. Results proved its value.

Thoughtful, personal letters were sent in reply to teachers and school administrators while at the same time authorities in the various fields were preparing manuscripts, which, issued as inexpensive pamphlets, provided teachers with the type of information they requested.

The wide distribution and astonishing popularity of the publications issued by the C.H.O. and the Bureau of Education—sold at cost—attracted the attention of a score of school health book publishers, one of the largest in the field purchasing the Rights to issue certain items under their imprint. All school health texts were profoundly effected by this initial literature, prepared for elementary pupils and their teachers. The methods thus introduced also had a definite influence on all school health textbooks. This is a fact that cannot be challenged. Great advances in the nature of school health texts occurred between 1918-1928.

During this period of about two years, 1918-1920, definite efforts were made to encourage the setting-up of courses in health education in teacher training institutions, colleges and universities, with the view that a body of well prepared teachers, with academic degrees in this field, would become available. Teachers College, Columbia University, was the first to respond and received the first student who was awarded, not only an A.B. on a Scholarship from

the C.H.O. that first year, but later an A.M. and a doctorate in Health Education. Harvard—Technology School of P.H. offered a training program in health education and in 1921, The Massachusetts Institute of Technology continued such courses leading to a Certificate in Public Health for health educators. Thus a body of teachers trained in health, and a group of highly skilled supervisors of school health *did* become available. Gradually all universities and colleges fell into line developing courses in health education, and excellent text books were published for college use as well as for elementary and high schools.

Administrators of teacher training institutions were awakening, slowly, to the realization that a new interest was abroad in the land, and leaders were invited to appear on their programs. National associations of educators also welcomed medical authorities to discuss health, which they stated as "the first objective of education."

So much for the springboard.

How about NOW and the FUTURE?

The channels, so carefully developed, through which we have attempted to reach human beings, and to effect their health behavior, are not sufficient to serve the age in which we are now living. Those tools which have been so freely used—printed word, dramatization, motion pictures, radio, exhibits, etc.,—all can still be effectively employed, but have we considered sufficiently how other tools, now available, can be put to work?

The present all too evident cyncism of young adults is skin deep but must be taken into consideration if the attitude and practices of the individual elementary, as well as high school, student is to be effected.

Every human being has great satisfaction in being able to *tell* what they *know* or think they know. A marked example of this fact is the present popularity in this country of the Radio Quiz Programs, which followed closely upon the rage for Quiz Books and the Crossword Puzzle. This enthusiasm, to some extent, still exists. One might attribute this interest to the desire for monetary awards, but this does not account for the avidity with which radio listeners tune in to such programs. People want to know. They want to impart knowledge.

This pride in knowledge is not being used to even a small degree in our health education programs, either in schools or in the community programs designed to educate the public.

How can this be done? What steps can be taken in our schools to utilize the desire to impart information?

First, as health educators we can be sure that what children learn about health is accurate.

Create a desire for more information.

Furnish sources of information and develop respect for the basic science upon which this information is based.

Develop activities concerned with health in which children actively participate.

Utilize children's readiness to present what they have learned —about milk, sleep, care of teeth, visit to the doctor, to the dentist —through presentations to the class.

This is being done, to some extent, but we still hear of the hygiene lesson that is based on the home study of so many pages of text.

It is only possible effectively to educate children about health if the instructor is aware of their present knowledge and attitude toward health, as well as their ability to comprehend the words that are used and the ideas to be conveyed.

A group of Japanese Americans, of high school age, while in a Relocation Center during the war, were encouraged to consider where they would prefer to live when they were again "free" to leave the camp. Reports of State Health Departments were secured and student committees studied every item. Their enthusiasm was intense as the facts disclosed were taken into consideration in selecting the area where they would try to make their homes. One boy, as chairman of a committee, eagerly presented his data for selecting a certain State. His fellow students urged other States as preferable, supporting their views with facts. In the discussion, the thirteen-year-old chairman "in confuting" their argument, said, "A fellow would not want to live in a State where more babies die than in other States where infant mortality is lower." Others were quite definite in objecting to life in States where T.B. was recorded as being high.

The Departments of Health which furnished those reports have never had their efforts more intelligently appreciated, and it would seem fair to assume that as adults, those boys and girls will have greater interest in the activities of official and non-official health groups.

The girls and boys in our high schools become voters in a few years, why not furnish them with briefed reports in each of our States to supplement health texts! They will determine appropriations for public health in a few years.

The machinery whereby the interest of adults is disclosed—responses of individuals to various stimuli, such as the radio,

printed matter, motion pictures, exhibits, can be grasped as a tool of health education, but is rarely used to promote knowledge about health. O, yes . . . health talks on radio are presented—but public response is ignored!

The many thousands of letters which are received by radio stations in response to an award offered for writing a message about health, constitute a market for health educators. The readiness to learn, which is essential to the educational process, seems to be indicated by the actual writing of the name of the disease, condition, or organization attempting to meet a health need. The primary purpose of the writer may be the award—$64.00, the house, the fur coat, the diamond ring, but the writer's actual spelling of the name of the disease, or organization increases interest in the subject.

One national health organization was offered the letters sent the radio station following a lecture on the subject they were set-up to serve. They declined on the basis that their budget did not include such extensive correspondence! That is a distinct failure to follow-up—to grasp an opportunity.

In the 30 years which have intervened since correspondence was first used by professionals in efforts to educate teachers about health, many health groups have, on a national basis, considered it a well worthwhile expense to reply to all inquiries, not only furnishing printed material, but through a personalized letter. Expensive? Yes. It costs to handle mail intelligently, but both national and local programs for health would secure increased support if more of the people had received attention to their requests for information.

State Departments of Health could increase the interest of their people in the work of the Department by replying to inquiries —One national group increased inquiries 4000% in 4 months, by proper handling of mail. A brief note personalized, with a piece of printed matter conveying the desired information serves to establish a relationship between the individual and the department or organization.

During the last five years, it has been my privilege to develop methods to enlighten the Public about Infantile Paralysis. Studies showed clearly that the fear of this disease was great, indeed, greater than of any other disease. An effort, therefore, has been made to counteract this unreasoning attitude through the dissemmination of facts.

There is evidence which proves conclusively that facts fight

fears. In the 1948 epidemic, even communities with high incidence of the disease acted reasonably and cooperated fully to apply precautions and provide care for patients, which was not the case in that same area three years previously.

One factor involved in the care of children hospitalized with infantile paralysis, is their growth and development during this in-active period. Teachers are employed in many hospitals, but the teamwork is lacking which assures co-operative effort of all personnel who are in contact with the child, serving to further his growth and development. Increased interest in this gap in the program of rehabilitation now is evident, following a conference sponsored by the National Foundation for Infantile Paralysis, February 1948.

We need to set goals high enough to require stretching. Recent rehabilitation of those crippled by disease furnishes a marked example of the principle that having a goal in itself results in attainments that a few years ago would have been considered miraculous.

Probably the most important factor in converting a man, woman or child, to accept a belief, is that its acceptance may, or will, permit him to accomplish his goal.

Have we—as health educators—set our goal high enough?

Are we attempting to sell a bill of goods without allowing the prospective customer to see—(envision at least)—the article involved?

Oh! yes, we urge optional health. But follow it up with a recommendation to determine or correct the condition involving one section of the body—tonsils, or eyes, or heart.

Piecemeal attention to the requirements of the body results from emphasis on this or that phase of health without a goal—an ideal toward which each individual should strive to achieve a sound mind in a sound body.

We need to set a goal of beauty of body; strength of limb; charm of feature. To the little people, let us picture the WHOLE child healthy and strong before the children grow accustomed to an ideal of health being merely freedom from disease.

Present to men and women a view of themselves as God created them—superb machines, functioning perfectly together with a mind and spirit and not as bone, muscles, arteries, flesh, organs, and a soul which has attention on Sunday.

Thirty years hence—I vision health education functioning as a living force from nursery school into adult life!

REDUCING FIRE HAZARDS IN SCHOOL BUILDINGS

By N. E. VILES

Specialist for School Plant Management, U. S. Office of Education

It is not always possible to guarantee that no fires will originate in school buildings where even a part of the building is of combustible construction. It is possible to plan school buildings in which the pupil fire hazard will be reduced to a minimum. School buildings one story in height may be of most any type of construction if adequate exit facilities are provided. It may be possible to erect buildings of not more than two stories with combustible construction in the roof, in classroom floors and trim, if they have fire-resistive exterior walls and fire-resistive corridors and stairs, including floors, walls, and ceilings of corridors.

Segregate Furnace Room,—Buildings of more than two stories should be of fire-resistive construction throughout. It is possible to reduce the fire hazard by segregating the furnace room from the rest of the building or from occupied areas by distance and/or treatment. This means that the furnace room should be segregated by fire-resistive construction and that all connecting doorways should be covered by automatic closing fire doors. Storage space for inflammable material should be of fire-resistive construction and sprinkler systems should be provided for various hot-spots, such as storage rooms.

Attention should be given to the reduction of fire hazards in laboratories, in shops, and in home economics cooking rooms, all roofs, and other places where fires are most likely to originate. Specific attention should be given to housekeeping practices that eliminate the danger of fires from storage of rubbish, oily rags, waste, paints, and other inflammables.

The danger from fire can also be reduced by suitable extinguishment methods. School building fire extinguishment procedures and methods are primarily protection for property rather than pupils. Fires that are discovered soon enough to be extinguished by local extinguishers are property hazards. If they are discovered in time to be put out with such extinguishers, it should be possible to evacuate the pupils before the fire gains much headway.

The usual local extinguishment equipment includes the building stand-pipe and hose and local fire extinguishers. Many school administrators question the value of the stand-pipe and hose, partly because feeder mains are often of insufficient size, hose seldom used

is often rotted when needed, and the use of hose for fire extinguishment before the pupils have passed beyond the danger zone may cause confusion and be hazardous to safe pupil evacuation. Hand or truck fire extinguishers have value in the prevention of the spread of fires, but their greatest value is in property protection rather than pupil protection.

Have Escape Lanes,—Ease of pupil circulation within the building and adequate passageways and exits from any part of the building to the outside aid in reducing the hazards of pupil injury from fire. Stairways should be ample in number and arrangement as outlined in the "Building Exit Codes." There should be no fewer than two stairways to each floor above ground level, and more if needed. Stairways from floor to floor should be in two runs with not more than 16 risers to catch run, have adequate landings between runs, and well-fixed handrails at either side.

Each stairway should end near an exit. It is preferable that stairs be in right angles to the corridor rather than in corridors. They should be of fire-resistive construction and should be shielded from corridors smoke and fumes. Stair risers should not exceed 6½ inches and stair treads not less than 10½ inches, exclusive of nosings and overhangs.

Corridors should be ample in number and width to carry the traffic load without overcrowding. They should be free for traffic at all times. Corridor blocks or protrusions that might impede traffic should not be permitted. Corridor floors should not be slick. Corridors of multi-story buildings should be fire-resistive throughout.

Exit doors should open outward and should be fitted with anti-panic hardware that may be operated by the smallest pupil housed in the building. Classroom doors should not be fitted with dead bolts, or other locks not operated by the latch or knob usually used to leave the room. These doors should swing with the line of traffic. If they open into the corridor, the corridor width must be computed as that available when the door is open at full swing. Steps on the outside should be reduced to a minimum and should never be blocked by the storage of bicycles or by icy conditions. Exits should be computed on the basis of the standards set forth in the national "Building Exits Codes."

Fire escapes attached to the outside walls of buildings are often so installed and maintained that they cannot be used by pupils in their regular travel to and from upper floor levels. Many schools do not use them in either regular or occasional fire drills.

The open outside stair types are often hazardous. The enclosed chute types are objectionable to many teachers and are not always open and ready to use when needed. When time is an urgent factor in evacuation, pupils are more easily directed and supervised if they can leave the building via routes they are accustomed to traveling; hence, the preferred emergency exit facilities from upper floors are enclosed fire-resistive stairwells that are regularly used by pupils as passageways from floor to floor.

The fact that no fires have occurred in the building, or that the building seems to be fire-resistive, does not justify neglecting the fire drills. The drill is for the purpose of developing and maintaining prompt, orderly evacuation procedures. Safety should not be sacrificed for speed. There are no substitutes for actual drills. Perfection is not attained without repeated drills. Control must be absolute. Partial compliance with drill regulations will reduce their effectiveness. The evacuation program must be carefully planned, adapted to the building for which it is planned, and documented fully.

School pupils and teachers change from year to year. It may be necessary each year to re-educate the teachers and pupils in drill procedures and regulations. The principal of the building should be held responsible for informing the teachers of all drill regulations and for enforcing teacher compliance with such regulations. The teacher should be held responsible for informing the pupils in her room of the need for and the procedures to be followed in exit drills. If she is in a room where different pupils come to her during various periods of the day, it will be her obligation to instruct each group in all the regulations and procedures. It will also be desirable for her to have posted in her room instruction sheets outlining the evacuation routes to be followed from that room under normal conditions.

Prepare Building Exit Plan,—The building exit plan should be prepared cooperatively by the principal and his staff, including the custodian, and submitted to the central office for approval. When approved it should be the official exit drill plan for the building and this plan should not be changed until a substitute plan is filed and approved in the central office. No one plan will fit all buildings. In preparing the plan for each building, consideration must be given to the location of the stairways, of classroom and exit doors, of room furniture, the possible assembling places for the pupils evacuated from the building, and the exterior walks. It will be necessary to plan some flexibility. At times certain exits may be

blocked. In such cases teachers in charge of pupils should arrange to use optional routes previously designated. The plan should be sufficiently uniform that pupils moving from room to room will need to learn only the different routes and the changed stopping places.

The exit drills should be started with a special fire alarm signal. This signal preferably should be single repeated bell or gong strokes different in tone from any other signals in the building and should be used for no other purpose. Sending stations should be located near entrances and the principal's office. The signals should be audible in all parts of the building under any conditions. In small buildings mechanical gongs with sending stations on each floor may be used. In larger buildings electric signals on special circuits taken off ahead of the light panel boxes, or battery-operated, are preferable. The principal should instruct teachers in the use of the signal system. Provisions should also be made for notifying the fire department.

Vary Times of Drills,—Exit drills should be held during the first two weeks of school and should be repeated as often as needed until proficiency is developed. After proficiency is attained, the drills should be repeated as often as needed to maintain it. Drills should be held on various days of the week and at various times of the day. After the first or trial drill, other drills should be unannounced. An attempt should be made to give pupils drill experience from each of the stations where they may be located throughout the day.

Nothing should be left to chance, but every part of the drill should be routinized. Teachers and pupils should learn how to use alternate routes in case the preferred one is blocked. They should know how to reverse or circle lines in order to shift to new routes. Checkers and monitors should be trained in advance. When the alarm is sounded checkers should check toilet rooms and other places to clear out all pupils who might be there. Monitors should proceed with assigned duties.

Avoid panic-creating conditions. The drill should be so routinized that there is no confusion. Teachers should not need to give vocal instructions during the drill. Loud or exciting admonitions may upset the routine. Maintain control. This is one place where school regimentation is acceptable. Teachers should be expected to maintain rigid discipline from the time the alarm sounds until the pupils are given "at ease" directions after the rolls have been checked in line. Permit no exceptions. The drill

should be complete. No pupils or teachers should be excused from it and the principal should hold each teacher accountable for its completeness.

Pairs of teachers should arrange, or be assigned, to cooperate in classroom evacuation. Some suggestions on classroom evacuation (taken from "School Fire Drills," 1948 Pamphlet 103, Federal Security Agency, U. S. Office of Education) follow:

Classroom Evacuation,—When the fire bell or gong rings:

1. Pupils stop work immediately; turn off motors, torches, and so on, as per arranged plan; pupils at blackboard return to regular stations.
2. Teacher takes charge, signals pupils to rise.
3. Teacher picks up class room record, proceeds to exit door of room.
4. Teacher starts pupils moving as per the designated plan—pupils will not be permitted to take books or seek extra wraps.
5. Teacher of one of the two rooms leads lines; monitors assist.
6. Teacher of companion room takes charge of searching monitors; clears room, toilets; helps crippled; follows lines.
7. Teacher at front directs changes enroute if designated exit is blocked.
8. Teacher at front will direct monitors if needed, for holding exit doors open or for street crossing.
9. Teachers continue with these double lines to designate stopping or assembling point.
10. Teachers check roll, monitors help.
11. Pupils in toilets join nearest lines in making exit, proceed to stopping place; then with permission of ones in charge join their own squads; report to teacher and take places in line.
12. Teachers should permit no crowding, running, or yelling in lines.
13. After roll check the silence rule may be relaxed and pupils permitted to turn in line to watch building.
14. At discretion of teachers in charge the lines may be moved farther from the building, but not so as to be intermingled with other lines.
15. Principal, assistants, and custodians make final check to clear stragglers out of building.

The stopping place for each group of pupils should be selected carefully. It should be at a safe distance and away from probable fire-fighting activities. The teachers should hold pupils in line

until directed by prearranged signals to move them farther away or to bring them back in an orderly manner.

The local building evacuation plan should include complete procedures for moving pupils out of auditorium and gymnasium assembly areas. Teachers should be trained to take charge of the pupils in the various sectors of such assembly areas and to lead them to safety.

The problem of orderly evacuation from such areas for evening crowds of patrons, sport spectators, and others is more difficult. The school should adopt and enforce a rule that only those visitors and patrons will be admitted who can be and are seated in the regular seating areas provided for that purpose. Chairs in aisles, standees, and loiterers around entrance doors will not then be permitted. Public education through the press and by public announcement may aid in securing public cooperation. For all such meetings, exit lanes and outside landings should be adequately lighted and all exits should be unlocked and ready for use.

The building custodian should be well trained and should be held responsible for many phases of building fire-safety. In addition to good housekeeping and the elimination of many fire hazards, he should have all exits unlocked and ready for use when the building is occupied. He should check the alarms frequently and maintain them in good working order. When the alarm sounds he should cut off all motors and fans that might spread fire. Pupils in shops, kitchens, and other areas should be trained to turn off stoves, furnaces, Bunsen burners, and other equipment that might become fire hazards while the pupils are out of the building. After the custodian has shut off his motors he should assist in clearing pupils out of the building or in fire extinguishment as per his instructions. From School Management, Dec., 1948, p. 13.

* * * * *

Tuberculosis Cases Found Among School Job Applicants,—Eighteen cases of tuberculosis were discovered by the Los Angeles City Health Department and Board of Education in the first year of routine X-raying of all applicants for positions in the city's schools.

Approximately 6,500 X-rays of teachers and other prospective personnel were taken during the past academic year by the city health department.

All of the cases found are now under observation and treatment, the health department reports. **California's Health, July 15, 1948.**

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New York, N. Y.

EDITORIAL

On Medical Writing,—There is a very common practice that puts a . . . stress upon a medical journal.* There will be a half-dozen pages of well written text in which the writer's whole story is contained. He has mentioned some figures in his text and these he repeats not only in whatever tables he wishes but also in a parallel series of charts. Too often the full description of a procedure or of a new piece of equipment is accompanied by charts, drawings, and photographs that only duplicate the information already given. There are needs for tables, there are needs for charts, illustrations are often of the highest vaue, but too often these adjuncts are but repeating information that has already been given in the text. The cost of setting extensive tables is very high, that for the reproduction of charts and illustrations is relatively much less. Submitted with judgment, these all can be taken care of, but any article where the text is subordinate to pages of tables, charts and illustrations must be subjected to new tests of acceptability. But after all if the writer's story can be told in the text, he should know that it will get a more interested reading than will any table or chart. In this matter there is but asked of the writer what he asks himself if his proposed tables, charts or illustrations are necessary to the understanding of his text, or whether they add materially to it. Abstracted from an editorial in the Military Surgeon, November, 1948, p. 402.

*And on the disposition of the Editor. (Ed.)

OUR NEW OFFICERS

President: Cyrus H. Maxwell, M.S., M.D.

Born: June 6, 1899, Aurora, West Virginia.

Graduate: Morgantown, West Virginia, High School.

Bachelor of Science: West Virginia University, 1921.

Master of Science: University of Illinois, 1922.

Taught Biology: Lincoln College, Lincoln, Illinois, 1922-24.

Attended: West Virginia University Medical School, 1924-26 and Harvard University Medical School, 1926-28, with M.D., 1928, from Harvard.

Interneship in Pediatrics: New Haven Hospital (Yale teaching hospital) 1928-29.

Interneship: Infants' and Children's Hospital, Boston, (Harvard teaching service) in Children's Surgery, 1929-30.

Associate Resident in charge of Pediatric Out-Patient Department, Strong Memorial Hospital, Rochester, New York, 1930-31. This was a teaching service of the University of Rochester Medical School and he had charge of the teaching of the fourth year medical students their out-patient pediatrics, and taught pediatrics to the student nurses as well.

Private practice of pediatrics and allergy, Auburn, New York, 1931-37.

School Medical Supervisor: Auburn, New York, Public Schools, 1932-37.

Chief of Bureau of Health Service: New York State Education Department, 1937 to 1948.

Chief, Administration of School and College Health Services, U. S. Office of Education, Washington, D. C., 1948, to date.

Enlisted man in World War I.

Officer Medical Corps, World War II, Captain to Colonel, five years in U.S. and European Theater of Operations. Commanded a general hospital part of the time.

Contributions to Medical Literature (partial). "Treatment of Congenital Syphilis with Acetarsone by Mouth," American Journal of Diseases of Children.

"Treatment of Vincent's Angina and Stomatitis With Stovarsol," New York State Journal of Medicine.

"Diphtheria Immunity in a Well-Immunized Community," Ibid.

"Communicable Disease Control in Schools," The Journal of School Health.

"School Health Service," New York State School Board's Journal.

"How Well Are We?" Empire Statesman.

"Age Grade Incidence of Defects in School Children," Journal of School Health, January, 1948.

"Administration of School Health Services," Journal of School Health, September, 1948.

Member Medical Society of the State of New York.

Member American Medical Association.

President-Elect: William E. Ayling, B.S., M.D.

Born: June 18, 1893, Syracuse, N. Y.

Education: Syracuse Public School, Graduated High School, 1912.

Attended Syracuse University, College of Liberal Arts and College of Medicine. B.S. in Medicine degree in 1916. M.D. degree in 1918.

Interneship at Methodist Episcopal Hospital, Brooklyn, N. Y., 1918 to 1920.

General Practice of Medicine and Surgery in Syracuse from 1920—(still does some). Assistant Anesthetist, University Hospital, 1920-1928. Also Surgeon to Syracuse Free Dispensary to 1928.

Instructor in Hygiene and Sanitation at Syracuse University, College of Medicine, May, 1935-1937.

Advanced to Assistant Professor of Public Health—May, 1937.

Advanced to Associate Professor of Public Health—June, 1947.

Secretary to Syracuse Academy of Medicine for 5 years, 1920-25.

Experience in School Health:

Appointed Chief Medical Examiner, Syracuse Schools in 1923 under Milbank Memorial Fund.

In 1926 appointed as regular employee of the Department of Education.

In 1928 qualified for and was issued a School Medical Supervisor's Permanent Certificate by New York State Dept. of Education.

Health Director of Syracuse Schools, Public and Parochial, January 1, 1939 to date. Serves full school time, directing Health Service program for over 34,000 school children.

Military Service: In U.S. Army Medical Enlisted Reserve Corps from December 12, 1917, to January 31, 1919.

First Lieutenant, Medical, Officers' Reserve Corps of U.S. Army, April, 1924 to 1928.

Membership and Offices:

National: American Association for Health, Physical Education and Recreation.

American Medical Association.

American Public Health Association.

American School Health Association—Fellow, 1941; Vice-President, 1947-48.

Also member of Governing Council for several years and on Editorial Board of Journal.

National Education Association.

Sons of American Revolution.

Fraternities: Sigma Phi Epsilon (General) and Alpha Kappa Kappa (Medical).

State and County: Medical Society of the State of New York.

Onondaga County Medical Society; Member of Public Health Committee.

New York State Association of School Physicians. Vice-President, 1939-40; President, 1940-41 and 1941-42. Now Honorary Member of the Executive Committee.

Local: First Baptist Church.
Central City Lodge No. 305, F. & A. M.
Rotary Club—Member of Philanthropy and Charity Committee.
Onondaga Health Association—Member of Board of Directors, Tuberculosis Committee, Heart Committee, Cancer Committee.
Chairman of Health and Hospital Division of Council of Social Agencies, 1942-45.
Syracuse Academy of Medicine—Now a Trustee.
Men Principals' and Supervisors' Association.
Otisco Lake Yacht Club—Ex-Commodore.

Married: Marion R. Billings Ayling; two sons, Robert W. and Donald C., both of whom were in the Navy in World War II; also two grandsons.

* * * * *

PERSONAL

Health Education Pioneer Honored,—Seven years ago James Frederick Rogers, M.D., Office of Education Consultant in Hygiene, retired from Federal Government service. For 21 years he had worked for the Government, first as a surgeon in the Office of Industrial Hygiene, Public Health Service, and later as a pioneer health education specialist on the Office of Education staff. His research and publications stimulated State and local health education programs between World War I and World War II. His interest in an organization of State leaders in health and physical Education led to the formation of the Society of State Directors of Health, Physical Education and Recreation. On behalf of this Society, Dr. Thomas C. Ferguson, Supervisor of Physical Education, State Department of Education, Baltimore, Md., on September 24 in the Federal Security Building, presented to Dr. Rogers a citation "in grateful recognition of inspiring leadership and outstanding service to our profession."

Many of Dr. Rogers' publications are still available as authoritative reports in the health education field. Others are out of print but are still available for reference in school, college, or public libraries. Among his better known publications are the following: *What Every Teacher Should Know About The Physical Condition of Her Pupils* (10c); *Welfare of the Teacher* (10c); *Physique of the School Child* (5c); *Student Health Services in Institutions of Higher Education* (10c); *Instruction in Hygiene in Institutions of Higher Education* (10c); *School Custodian* (10c); *State-Wide Trends in School Hygiene and Physical Education; The Health of the Teacher* (out of print); *Safety and Health of the School Child —Survey of Conditions* (out of print); *Physical Education in Institutions of Higher Education* (out of print). Order from Superintendent of Documents. School Life, Dec., 1948, p. 10.

BIBLIOGRAPHY—RECENT THESES IN EDUCATION

A gold mine of information on education is the collection of more than 7,000 theses on file in the library of the Office of Education.

Dating from 1930, these research studies in education, sent regularly to the Office of Education by many institutions of higher education throughout the country, form a rich reservoir of educational data, available to school administrators, teachers, research students, and others, by interlibrary loan.

From 800 to 900 masters and doctorate theses in the field of education are deposited with the Office of Education library each year. Each month, for *School Life* readers, Mrs. Ruth G. Strawbridge, Office of Education Library Bibliographer, dips into the reservoir of theses to list a number of them which appear to be timely and useful. You can borrow on interlibrary loan the theses list in *School Life* or on file in the Office of Education collection. The theses listed this month are in the field of the physically handicapped and socially maladjusted.

Beginnings of Maladjustment and Delinquency: A Study of the Methods of Detection Used in 13 *Large Cities.* By Helen A. Prince. Master's, 1947. Boston University. 73 p. ms.

Shows that there are definite symptoms which precede delinquency. Suggests that the classroom teacher and others associated with the child be sensitized to the early indications of maladjustment so that treatment may be initiated.

Case Studies of 14 *Juvenile Delinquents in an Urban Area of Racially Mixed Population.* By Bessie M. Cooper. Master's, 1947. University of Cincinnati. 145 p. ms.

Studies the socio-economic and educational status of these children, who ranged in age from 10 to 16 years.

Crippled Children in American Education, 1939-1942. By Romaine P. Mackie. Doctor's, 1944. Teachers College, Columbia University. 144p.

Analyzes replies to questionnaires received from 362 schools in 40 States, in which 16,696 crippled children were enrolled.

An Evaluation of the Annual Hearing Test Law of the New York State Department of Education. By Elsie A. Taber. Master's, 1946. New York University. 89 p. ms.

Attempts to determine at what intervals group audiometer tests should be scheduled in New York State, by studying the most popular audiometer testing intervals in practice throughout the public schools of the country.

Language Difficulties of the Deaf Child. By *Sister* Heloise Gutman. Master's, 1944. University of Cincinnati. 51 p. ms.

Analyzes and describes procedures employed in teaching deaf children at St. Rita School for the Deaf at Lockland, Ohio.

The Moron in High School: A Study of the Pupil With an I.Q. Below 75 as Rated by a Group Intelligence Test. By Ruth F. Roland. Doctor's, 1946. Harvard University. 170 p. ms.

Investigates the length of stay in high school, age and sex differences, behavior, course taken, and school marks obtained by 324 mentally deficient pupils enrolled in a city high school from 1928 to 1940, inclusive. Indicates that most of these pupils were placed in the industrial arts and home economics departments.

Problems in the Education of Partially Seeing Chidren in Residential Schools for the Blind. By Guy J. Marchisio. Master's, 1946. Boston University. 104 p. ms.

Surveys enrollment in schools for the blind throughout the country. Finds that sight-saving and partially blind pupils are being enrolled in schools for the blind at the rate of 42.7 per cent of the total residential school population; that there are some 50,000 partially seeing students in the United States, of whom approximately 9,000 are being served in the public schools and in the few sight-saving classes in schools for the blind.

Recreation as an Educational Adjunct in the Care and Treatment of the Handicapped. By Bertha Carlson. Masters, 1947. George Washington University. 73 p. ms.

Shows that general as well as specialized hospitals provide recreation services to patients.

Some Aspects of the Personality of Male Juvenile Delinquents. By Dennis J. Buttimore. Doctor's, 1946. New York University. 124 p. ms.

Studies 285 boys ranging in age from 12 to 18, using as subjects 95 delinquent boys, 95 problem boys in public schools in Jersey City, and 95 non-problem boys in public schools in the same city.

A Study of the Trends and Issues in the Administration of Mentally Retarded Children in the Elementary Schools in a Series of Cities. By Elizabeth V. Sullivan. Master's, 1946. University of Louisville. 98 p. ms. From School Life, Dec., 1948, p. 14.

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PROGRAM: THE NEW YORK STATE ASSOCIATION OF SCHOOL PHYSICIANS IN CONJUNCTION WITH THE ANNUAL MEETING OF THE NEW YORK STATE ASSOCIATION FOR HEALTH, PHYSICAL EDUCATION AND RECREATION

Thursday, January 27, 1949

2:00 P.M. Parlor E Hotel Syracuse

PRESIDENT C. ADELE BROWN, M.D., *Presiding*

1. Greetings—Dr. Brown, Oswego
2. The Syracuse University Conservation of Hearing Center.
   Description—Gordon D. Hoople, M.D., *Medical Director*
   Demonstration—Louis M. DiCarlo, *Educational Director*
3. The Part of the School Physician in Assisting the Teacher with Problem Children.
   —John E. Burke, M.D., Schenectady, N. Y.
4. Topical Fluoride Applications for Prevention of Dental Caries as Part of School Health Program.
   —Wm. E. Ayling, M.D., Syracuse, N. Y.
5. Remarks—Cyrus H. Maxwell, M.D., Washington, D. C.
6. Remarks—Lillian DeArmit, M.D., Albany, N. Y.

This will be an open meeting. Anyone interested will be welcome.

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ABSTRACTS AND NOTES

"Walk — Don't Run!"—*Lewistown's school fire drill routine vacates building in 42 seconds,*—When the big fire siren in the McNally Elementary School in Lewistown, Illinois, sounds for fire drill, the youngsters close their books and stand beside their desks. Forty-two seconds later, every child is out of the building and accounted for in his designated safety area. This same orderly procedure would be followed in an actual emergency, because the McNally School students have been taught and taught again the cardinal principle of survival in case of fire: Walk—don't run!

The necessity for efficient school fire drills was made vividly clear to Howard M. Leinbaugh, superintendent of Lewistown schools, when he read of how 900 children marched to safety out of a school in Texas City, Texas, during an explosion. The force of the ship blast in the harbor had buckled walls and shattered windows in the school building. Although lacerated by flying glass, the children, carefully trained to meet just such an emergency, had filed out of the building without a sign of panic, even though they left wavering trails of blood in the ruins.

Leinbaugh brought the Texas City story to the attention of his teachers and discussed with them plans for setting up an efficient fire drill system. Standard fire drill routines eventually were adopted, and the children were drilled until the time required for vacating the building was reduced from 2½ minutes to the present record time of 42 seconds.

Directed by teachers and monitors, the children march out of their rooms in single file. If the leader finds the way blocked (debris did block the way in the Texas City school) he raises his hands over his head, and everyone in the line follows suit. At this signal, the student at the end of the line becomes the leader, turns, and guides the children to a "secondary exit." Outside, the children march in single file to predetermined safety areas, where the leader signals "halt" by holding his right arm straight out from his side. A monitor then counts the children.

The McNally school program not only has the enthusiastic cooperation of the local fire department and civic groups, but has won statewide commendation. Lewistown parents give it all-out support because they realize that fire emergency training, according to what Leinbaugh calls the "Texas City standard" means better protection for their children. Adapted from Parade.

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We Organize a School Health Council,—Tilton School of Haverhill, Massachusetts, is fortunate in having in Roger M. Woodbury, a progressive and health-minded principal. His is an elementary school, one of the very few in Massachusetts which have developed their own school health councils. Most such school councils in Massachusetts happen to be of secondary schools.

The birth of a successful school health council is by no means an overnight affair. In the Tilton School guiding principles were developed in a series of conferences in 1946 and 1947 in collaboration with the Massachusetts Department of Public Health. It was determined that the council should include representatives from all groups concerned with child health. It was determined, also, that membership should be voluntary.

The rest of the organizing was left to the group itself, which proceeded in a democratic manner to meet the particular needs of the children in the local situation. All invitations for membership were accepted. The membership of the council included a teacher representative from each grade group, an elementary school supervisor, the director of health and physical education, the home economics teacher, school doctor, school nurse, dental hygienist, the agent of the board of health, the supervisor of attendance, school

secretary and principal.

The council then realized it had no representatives of two important groups: the pupils and the parents. Soon a parent and a pupil joined to give well-balanced representation. Also, various health specialists and others able to assist the group were invited to attend our meetings.

After much study and discussion, the council established the following objectives to guide its activities:

1. To enable each individual concerned with child health to understand his relationship to his fellow workers for better correlation of school health.
2. To develop cooperative planning in the school health field.
3. To promote and extend community understandings relative to the school health program in order to obtain adequate cooperation and support.

Three broad areas with which the group is concerned are (1) health teaching of curriculum; (2) healthful school living, which means providing a wholesome environment, organizing a healthful school day, and establishing favorable teacher-pupil relationships; (3) individual health guidance, which includes the health service program, teacher-pupil-nurse relationships, home contacts, etc.

It became apparent that some means must be found of reaching a larger number of parents. The parent representative reported faithfully to our P.T.A. group and obtained its full cooperation in many ways. However, still greater coverage seemed needed.

A health bulletin to be sent home with each report card was developed. It contains such information as schedules of school hours; the physician's, nurse's and mental hygienist's schedule; and various health regulations, as well as articles by staff members and pupils. The bulletin is printed by boys from the classes in manual instruction. Copies were sent to parents, educators, community councils, and other interested persons.

Some of the specific subjects with which the council is concerned are (1) school lunch program; (2) the health service program; (3) school safety; (4) dental clinic; (5) vision testing; (6) survey of community health services.

Members of the Massachusetts Department of Public Health, both at the state level and through its Northeastern district health office, have given generous assistance to the health council.

The Tilton School Health Council, serving in an advisory capacity and as an example, is helping to pioneer the way in Haverhill to better child health. News Letter, Massachusetts Department of Public Health, Nov., 1948, p. 34.

Free — And Worth It, —*Question*: On cold winter mornings I like to give my children a warm drink for breakfast. To avoid coffee and tea, I have always given them cocoa, made with milk. Recently a friend told me that cocoa was not good for children because it contained caffein and also interfered with the body's use of calcium. Is that correct?

Answer: Your friend's advice is worth exactly what it probably cost you—nothing. It is not true that cocoa contains caffein. It contains theobromine, which is related to caffein but much less stimulating. As regards the "calcium problem", a momentary flurry was produced some time ago by a report that chocolate formed an insoluble compound with calcium, preventing utilization of this mineral by the body. Further study revealed that this did not present any problem under ordinary circumstances. To act in this way, chocolate would have to be eaten or taken in cocoa in such tremendous amounts that not even the greediest child could approach the danger point. The only remotely possible objection, typically overlooked by your scientific friend, might be found in its relatively high fat content. In rare cases this might be blamed for digestive upsets, but it does not present any problem when only one or two cups of cocaa are drunk. Hygieia, Dec., 1948, p. 849.

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MEETINGS

The **New York State Association of School Physicians** will meet at 2:00 P. M. on Thursday, January 27th, 1949, in Parlor E of the Hotel Syracuse. There will be a general discussion of School Health problems led by the President, C. Adele Brown, M.D. All school physicians and other interested persons are invited to attend. Program on page 23.

This meeting will be in conjunction with the annual meeting of the **N. Y. State Association for Health, Physical Education and Recreation** to be held in Syracuse, January 27th through 29th.

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Society of State Directors of Health, Physical Education and Recreation, Boston, Mass., April 16th and 17th, 1949.

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American Association of Health, Physical Education and Recreation, Boston, Mass., April 19th to 23rd, 1949.